



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN 097444	RBT IV SN 096.3580.958	DATE OF INSPECTION 01-17-2013
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LOCATION OF INSTRUMENT (STREET AND CITY) 963 ST. Charles Rock Road, Breckenridge Hills	TIME OF INSPECTION 23:33 Hours
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CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 23°C

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .101

TEST 2 .108

TEST 3 .101

☒ SIMULATOR TEMPERATURE (34°C \pm 2°C) 34.0°C

☒ RFI DETECTOR OPERATING

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS:
(DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0	(0-.04) -	(.05-.09) -	(.10-.14) -	(.15-.19) -	(Over .19) -
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Guth Laboratories, Inc., Lot # 12100, Expiration Date: July 18, 2014, 11:59 PM

INSPECTING OFFICER

SIGNATURE
SA Michael Presson

PRINT NAME
Michael Presson

TYPE II PERMIT NUMBER/EXPIRATION DATE
210081, 05-24-2013

TELEPHONE NUMBER
314-426-1214

**GUTH LABORATORIES, INC.**

888 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 20, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is July 18, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN12211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IU Serial no: 097444
Version no: 004C

TEST RECORD 00675

Temp Date Time 210L

Air Blank:

01/17/13 23:33 .000

Calibration Check:

23 01/17/13 23:33 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt. Michael Pearson

Location

9673 St. Charles Rock Road

AS IV Serial no: 097444
Version no: 004C

TEST RECORD 00676

Temp Date Time 210L

Air Blank:
01/17/13 23:35 .000
Calibration Check:
23 01/17/13 23:35 .102

Subject Name

Subject I.D.

Operator Name: I.D.

Sir Michael Person 232

Location

9623 St. Charles Rock Road

AS IU Serial no: 097444
Version no: 004C

TEST RECORD 00677

Temp Date Time 210L

Air Blank:

01/17/13 23:36 .000

Calibration Check:

24 01/17/13 23:36 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Sgt Quilley & Pearson 238

Location

9643 St. Charles Rock Road

AS IV Serial no: 097444
Version no: 004C

TEST RECORD 80678

Temp Date Time 210L

Void: RFI
12 01/17/13 23:39

Subject Name

Subject I.D.

Operator Name: I.D.

Statistical Person
Location

9623 St. Charles Park Road

State of Missouri
DEPARTMENT OF HEALTHP E R M I T
TYPE II

MICHAEL PRESSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; AS-IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/24/2011Number 210081Expires 05/24/2013

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)